

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

GREEN PARTY OF NEW YORK STATE

ADDRESS (number and street) ▼

365 Potomac Ave

☐ Check if different than previously reported. (ACC)

Buffalo

NY

14213

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00318907

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2015

12

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric M Jones

Signature of Treasurer

Eric M Jones

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

31

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

GREEN PARTY OF NEW YORK STATE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">11568.28</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">22413.33</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">11099.41</span>	<span style="border: 1px solid black; padding: 2px;">29135.46</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">33512.74</span>	<span style="border: 1px solid black; padding: 2px;">40703.74</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">18202.28</span>	<span style="border: 1px solid black; padding: 2px;">25393.28</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">15310.46</span>	<span style="border: 1px solid black; padding: 2px;">15310.46</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**GREEN PARTY OF NEW YORK STATE**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2015

To:

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2530.00

5510.00

(ii) Unitemized .....

8467.49

18523.54

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

10997.49

24033.54

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

101.92

5101.92

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

11099.41

29135.46

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

11099.41

29135.46

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

11099.41

29135.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	18182.28	25373.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	18182.28	25373.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	20.00	20.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	20.00	20.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18202.28	25393.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18202.28	25393.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11099.41	29135.46
34. Total Contribution Refunds (from Line 28(d)) .....	20.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11079.41	29115.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	18182.28	25373.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	18182.28	25373.28

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. Ethan Bodnaruk**

Mailing Address 850 Maryland Avenue

City

Syracuse

State

NY

Zip Code

13210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 10 / 2015

Transaction ID : SA11AI.8690

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Ethan Bodnaruk**

Mailing Address 850 Maryland Avenue

City

Syracuse

State

NY

Zip Code

13210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

none

Occupation

Student

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 10 / 2015

Transaction ID : SA11AI.8691

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Samuel Caquias**

Mailing Address 10 Oak Drive

City

Middletown

State

NY

Zip Code

10940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westchester Medical Center

Occupation

Registered Nurse

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 17 / 2015

Transaction ID : SA11AI.8713

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

## **A. Samuel Caquias**

Mailing Address 10 Oak Drive

City State Zip Code  
Middletown NY 10940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westchester Medical Center

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SA11AI.8714**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. Susan Davis**

Mailing Address 12 Tupelo Lane

City State Zip Code  
East Islip NY 11730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long Island Pianos

Occupation

Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2015

**Transaction ID : SA11AI.8740**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. Susan Davis**

Mailing Address 12 Tupelo Lane

City State Zip Code  
East Islip NY 11730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Long Island Pianos

Occupation

Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2015

**Transaction ID : SA11AI.8741**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. Teresa Deschanes**

Mailing Address 209 South Geneva

City	State	Zip Code
Ithaca	NY	14850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2015

**Transaction ID : SA11AI.8747**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Teresa Deschanes**

Mailing Address 209 South Geneva

City	State	Zip Code
Ithaca	NY	14850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : SA11AI.8748**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mary R Duncan**

Mailing Address 2197 LYNNWOOD DR

City	State	Zip Code
SCHENECTADY	NY	12309-1233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : SA11AI.8753**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

340.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. Jonathan Fluck**

Mailing Address 467 Pacific St., apt. 6

City

Brooklyn

State

NY

Zip Code

11217-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
09 / 05 / 2015

**Transaction ID : SA11AI.8785**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Margaret A Human**

Mailing Address 81 Prospect St

City

New Paltz

State

NY

Zip Code

12561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY  
10 / 08 / 2015

**Transaction ID : SA11AI.8837**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. Margaret A Human**

Mailing Address 81 Prospect St

City

New Paltz

State

NY

Zip Code

12561

FEC ID number of contributing  
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY  
12 / 12 / 2015

**Transaction ID : SA11AI.8838**

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 32  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. Beth Johansen**

Mailing Address 37 George St

City State Zip Code  
 Saratoga Springs NY 12866

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYS -DOH

Occupation

Chemical Lab Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2015

**Transaction ID : SA11AI.8850**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Thomas Kenia**

Mailing Address 257 Clinton St. 12B

City State Zip Code  
 New York NY 10002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Actuary

Occupation

Anon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 13 / 2015

**Transaction ID : SA11AI.8860**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Thomas Kenia**

Mailing Address 257 Clinton St. 12B

City State Zip Code  
 New York NY 10002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Actuary

Occupation

Anon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

**Transaction ID : SA11AI.8861**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. James McCabe**

Mailing Address 453 East 78 St #4

City  
New YorkState  
NYZip Code  
10075FEC ID number of contributing  
federal political committee.

C

Name of Employer

American National Standards In

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2015

Transaction ID : SA11AI.8919

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. James McCabe**

Mailing Address 453 East 78 St #4

City  
New YorkState  
NYZip Code  
10075FEC ID number of contributing  
federal political committee.

C

Name of Employer

American National Standards In

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2015

Transaction ID : SA11AI.8920

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Michael L Perna**

Mailing Address 161 E. 91st St., Apt. 6D

City  
New YorkState  
NYZip Code  
10128-2023FEC ID number of contributing  
federal political committee.

C

Name of Employer

CUNY

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SA11AI.8984

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

240.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. John Portelli**

Mailing Address 9 Pitch Pine Rd

City Albany State NY Zip Code 12203

FEC ID number of contributing federal political committee.

C

Name of Employer

NYS DOL

Occupation

Senior U.I. Accounts Examiner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

12 / 31 / 2015

Transaction ID : SA11AI.8990

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Marian Swerdlow**

Mailing Address 185 E 85 St  
Apt. 14M

City New York State NY Zip Code 10028

FEC ID number of contributing federal political committee.

C

Name of Employer

NYS Dept of Ed

Occupation

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 28 / 2015

Transaction ID : SA11AI.9049

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Raphael Wakefield**

Mailing Address 39 Ordell Ave

City Staten Island State NY Zip Code 10302

FEC ID number of contributing federal political committee.

C

Name of Employer

Crowley Maritime Corp

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 05 / 2015

Transaction ID : SA11AI.9082

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

## **A. Raphael Wakefield**

Mailing Address 39 Ordell Ave

City State Zip Code  
 Staten Island NY 10302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crowley Maritime Corp

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : SA11AI.9083**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Raphael Wakefield**

Mailing Address 39 Ordell Ave

City State Zip Code  
 Staten Island NY 10302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crowley Maritime Corp

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 03 / 2015

**Transaction ID : SA11AI.9084**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Raphael Wakefield**

Mailing Address 39 Ordell Ave

City State Zip Code  
 Staten Island NY 10302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crowley Maritime Corp

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2015

**Transaction ID : SA11AI.9085**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

## **A. Raphael Wakefield**

Mailing Address 39 Ordell Ave

City State Zip Code  
Staten Island NY 10302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crowley Maritime Corp

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 03 / 2015

**Transaction ID : SA11AI.9086**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Raphael Wakefield**

Mailing Address 39 Ordell Ave

City State Zip Code  
Staten Island NY 10302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crowley Maritime Corp

Occupation

Marine Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.9087**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Terrence Woodnorth**

Mailing Address 510 W. Wendell St.

City State Zip Code  
Endicott NY 13760-3944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IBM

Occupation

Software engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2015

**Transaction ID : SA11AI.9112**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

2530.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

## **A. Friends of Eric Jones**

Mailing Address 365 Potomac Ave

City  
Buffalo

State  
NY

Zip Code  
14213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

101.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2015

**Transaction ID : SA11C.9123**

Amount of Each Receipt this Period

101.92

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101.92

101.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. Committee to elect Alex White**

Mailing Address 647 S Clinton Ave

City Rochester      State NY      Zip Code 14620

Purpose of Disbursement

011

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2015  
☐ Primary    ☒ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10      21      2015
**Transaction ID : SB21B.9136**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Constant Contact**

Mailing Address Reservoir Place 1601 Trapelo Road

City Waltham      State MA      Zip Code 02451

Purpose of Disbursement

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07      30      2015
**Transaction ID : SB21B.9138**

Amount of Each Disbursement this Period

65.25

Full Name (Last, First, Middle Initial)

**C. Constant Contact**

Mailing Address Reservoir Place 1601 Trapelo Road

City Waltham      State MA      Zip Code 02451

Purpose of Disbursement

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08      31      2015
**Transaction ID : SB21B.9139**

Amount of Each Disbursement this Period

65.25

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

630.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. Constant Contact**

Mailing Address Reservoir Place 1601 Trapelo Road

City Waltham                      State MA                      Zip Code 02451

Purpose of Disbursement

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      30                      2015
**Transaction ID : SB21B.9140**

Amount of Each Disbursement this Period

65.25

Full Name (Last, First, Middle Initial)

**B. Constant Contact**

Mailing Address Reservoir Place 1601 Trapelo Road

City Waltham                      State MA                      Zip Code 02451

Purpose of Disbursement

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      30                      2015
**Transaction ID : SB21B.9141**

Amount of Each Disbursement this Period

65.25

Full Name (Last, First, Middle Initial)

**C. Green Party of Brooklyn**

Mailing Address 467 Pacific street, Apt. 6

City Brooklyn                      State NY                      Zip Code 11217

Purpose of Disbursement

011

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      19                      2015
**Transaction ID : SB21B.9164**

Amount of Each Disbursement this Period

92.50

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

223.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. GREEN PARTY OF NASSAU COUNTY**

Mailing Address 560 Long Beach Road Apt 2

City Island Park      State NY      Zip Code 11558

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2015
**Transaction ID : SB21B.9156**

Amount of Each Disbursement this Period

122.50

Full Name (Last, First, Middle Initial)

**B. GREEN PARTY OF NEW YORK COUNTY**Mailing Address 2611 FREDERICK DOUGLAS BLVD  
Apt 5g

City NEW YORK      State NY      Zip Code 10030

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2015
**Transaction ID : SB21B.9214**

Amount of Each Disbursement this Period

146.25

Full Name (Last, First, Middle Initial)

**C. Green Party of Onondaga**

Mailing Address P.O. Box 562

City Syracuse      State NY      Zip Code 13205

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2015
**Transaction ID : SB21B.9157**

Amount of Each Disbursement this Period

115.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

383.75

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

GREEN PARTY OF NEW YORK STATE

2155.30

1395.90

3701.20

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. Lazeez**

Mailing Address 35 Central Avenue

City Albany                      State NY                      Zip Code 12210

Purpose of Disbursement  
meeting food

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      19                      2015
**Transaction ID : SB21B.9165**

Amount of Each Disbursement this Period

159.00

Full Name (Last, First, Middle Initial)

**B. Ms Gloria Mattera**

Mailing Address 437 2nd Street

City Brooklyn                      State NY                      Zip Code 11215

Purpose of Disbursement  
Reimbursement- Meeting Insurance, Board of Elections Expenses

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08                      02                      2015
**Transaction ID : SB21B.9151**

Amount of Each Disbursement this Period

277.52

Full Name (Last, First, Middle Initial)

**C. NATIONBUILDER**

Mailing Address 520 S Grand Ave

City Los Angeles                      State CA                      Zip Code 90071

Purpose of Disbursement  
website

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11                      30                      2015
**Transaction ID : SB21B.9200**

Amount of Each Disbursement this Period

69.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

505.52

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. NATIONBUILDER**

Mailing Address 520 S Grand Ave

City Los Angeles      State CA      Zip Code 90071

Purpose of Disbursement  
website

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 29 / 2015
**Transaction ID : SB21B.9201**

Amount of Each Disbursement this Period

69.00

Full Name (Last, First, Middle Initial)

**B. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City Brooklyn      State NY      Zip Code 11207

Purpose of Disbursement  
organizer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 14 / 2015
**Transaction ID : SB21B.9168**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City Brooklyn      State NY      Zip Code 11207

Purpose of Disbursement  
organizer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 24 / 2015
**Transaction ID : SB21B.9169**

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

869.00







**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City Brooklyn      State NY      Zip Code 11207

Purpose of Disbursement  
organizer

Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2015
**Transaction ID : SB21B.9181**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City Brooklyn      State NY      Zip Code 11207

Purpose of Disbursement  
organizer

Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2015
**Transaction ID : SB21B.9182**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City Brooklyn      State NY      Zip Code 11207

Purpose of Disbursement  
organizer

Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 13 / 2015
**Transaction ID : SB21B.9183**

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City Brooklyn      State NY      Zip Code 11207

Purpose of Disbursement  
organizer

Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015
**Transaction ID : SB21B.9184**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City Brooklyn      State NY      Zip Code 11207

Purpose of Disbursement  
organizer

Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2015
**Transaction ID : SB21B.9185**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City Brooklyn      State NY      Zip Code 11207

Purpose of Disbursement  
organizer

Candidate Name

001

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2015
**Transaction ID : SB21B.9186**

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City State Zip Code  
Brooklyn NY 11207
Purpose of Disbursement  
organizer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 12 2015
**Transaction ID : SB21B.9187**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City State Zip Code  
Brooklyn NY 11207
Purpose of Disbursement  
organizer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 23 2015
**Transaction ID : SB21B.9189**

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Michael O'Neil**

Mailing Address 35 Cooper St. #3

City State Zip Code  
Brooklyn NY 11207
Purpose of Disbursement  
organizer

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 01 2015
**Transaction ID : SB21B.9190**

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address P.O. Box 45950

City Omaha                      State NE                      Zip Code 68145

Purpose of Disbursement  
fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07                      06                      2015
**Transaction ID : SB21B.9205**

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**B. PayPal**

Mailing Address P.O. Box 45950

City Omaha                      State NE                      Zip Code 68145

Purpose of Disbursement  
fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08                      04                      2015
**Transaction ID : SB21B.9206**

Amount of Each Disbursement this Period

35.80

Full Name (Last, First, Middle Initial)

**C. PayPal**

Mailing Address P.O. Box 45950

City Omaha                      State NE                      Zip Code 68145

Purpose of Disbursement  
fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09                      04                      2015
**Transaction ID : SB21B.9207**

Amount of Each Disbursement this Period

35.70

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

106.50



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**GREEN PARTY OF NEW YORK STATE**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address P.O. Box 45950

City Omaha                      State NE                      Zip Code 68145

Purpose of Disbursement  
transaction fees for reporting period

Candidate Name

001

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12                      31                      2015
**Transaction ID : SB21B.9219**

Amount of Each Disbursement this Period

240.13

Full Name (Last, First, Middle Initial)

**B. Postmaster, Syracuse, NY**

Mailing Address 5640 E TAFT RD

City Syracuse                      State NY                      Zip Code 13220

Purpose of Disbursement  
postage

Candidate Name

003

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12                      09                      2015
**Transaction ID : SB21B.9211**

Amount of Each Disbursement this Period

300.41

Full Name (Last, First, Middle Initial)

**C. Darin Robbins**

Mailing Address 78 Sterling St.

City Corning                      State NY                      Zip Code 14830

Purpose of Disbursement

Candidate Name

011

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For: 2015  
☐ Primary    ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      21                      2015
**Transaction ID : SB21B.9142**

Amount of Each Disbursement this Period

400.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

940.54

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<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

GREEN PARTY OF NEW YORK STATE

50.00

300.00

800.00

17019.51